

Must I complete this form?

You must complete Part 1 of this form if you are a resident of lowa, Kentucky, Michigan, or Wisconsin and elect to claim exemption from withholding of Illinois Income Tax under the reciprocal withholding agreements between Illinois and these states. You must file your completed form with your Illinois employer. If you change your state of residence, you must notify your employer within ten days.

Note to employers: You are required to have a copy of this form on file for each employee who is a resident of lowa, Kentucky, Michigan, or Wisconsin; receives compensation paid in Illinois; and elects to claim exemption from withholding of Illinois Income Tax under the reciprocal withholding agreements between Illinois and these states.

Part 1: Employee information Social Security number				Part 2: Employer information Federal employer identification number			
Street	City	State	ZIP	Street	City	State ZI	IP
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Employee's signature IL-W-5-NR (R-12/03)		Date	required. Failure to pr	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in a penalty. This form has been approved by the Forms Management Center. IL-492-0052			